

AUTOMOBILE ACCIDENT QUESTIONNAIRE

Name:

Address:

Home Phone:

Work Phone:

Date of Birth:

Social Security Number:

Date of Accident:

Time of Accident:

Place of Accident (city, streets):

Description of Accident:

Were the police called?

Hospital? If so, where (name and city)?

Treating physicians for accident injuries:

(Be sure to get the name of the clinic and the city it is in.)

Client's insurance company (no-fault):

Address:

Adjuster:

Phone number:

Claim number:

Policy number:

Insurance company of person causing accident (liability):

Address:

Adjuster:

Phone number:

Claim number:

Policy limits:

Amount of damage to your vehicle:

Prior injuries (describe in detail):

Treating physicians for the past 15 years:

Employer:
Address:

Income (hourly rate/amt. earned per week):
How long have you been employed here?
Job duties:

Time missed from work because of this accident:

Spouse:

Children:

Leisure activities affected by this accident:

Any criminal history we should be aware of?